Form

CD 412

## Office of Space and Building Management (OSBM)



CD 4	+12		>t	bace Chan	ge kequest						
7/20	011			For OSBM	1 Use Only				TO THE OWNER OF THE OWNER		
Space Ma	nagement Control No.:				•	eceipt Dat	e:				
Space ma	nagement control ton		To be come	alatad butba	ordering Bureau/Office						
			To be comp	pieted by the	ordering Bureau/Office						
	ontrol Number:										
Initiating	Bureau/Office:				Point of Contact:	N=\	/D===	- N- \		(Dla a a a )	
					,	Name)	-	n No.)		(Phone)	
	S	SECTION 1 - VAC	CANCY NO	TIFICATIO	N/EXISTING SPACE	TO BE V	ACATED				
Locat	ion of Space to be Vacated:										
	Date to be Vacated:										
Authorizir	ng Agency Official:										
71011211	is rigericy official.	Name		Position/Title	Sid	gnature		Date		Phone	
				•				Date		FIIONE	
					ADDITIONAL HCH	SPACE					
Requirem	ents of Space (i.e., office sui	ite, help desk, stora	ige, server ro	oom, etc.)							
COPIER:	YES	NO		EAV.	VEC	N	10				
		NO	:	FAX:	YES	IN	10				
Composit	ion of Personnel:										
	Number of Employees	f Employees Private Office?				Work Station?			Telecommute?		
SES		YE	S NO		YES	NO		YES	NO		
GS15		YE	S NO		YES	NO		YES	NO		
GS14		YE	S NO		YES	NO		YES	NO		
GS13		YE	ES NO		YES	NO		YES	NO		
GS12		YE	S NO		YES	NO		YES	NO		
		YE	S NO		YES	NO		YES	NO		
		YE			YES	NO		YES	NO		
GS9		YE			YES	NO		YES	NO		
GS8		YE			YES	NO		YES	NO		
GS7		YE	S NO		YES	NO		YES	NO		
How man	y of these employees are pr	esently in HCHB?			Amount of Space Req	uested		1 Bay	/ ~ 300 sq	-ft	
Does the	space need to be contiguous	s? YES	NO		Duration of Request:		Permanent	Te	emporary		
Are there	any special requirements?	(i.e. Secure Space,	SCIF, near th	ne Blue Carpet	: Area)						
Authorizir	ng Agency Official:										
Authorizh	ig Agency Official.	Name		Position/Title	C:			Data		Dhara	
		Name		•		gnature		Date		Phone	
		SECT	ION 3 - RE	QUEST TO	TRANSFER HCHB	PACE					
Location o	of Space to be Transferred:										
Date to be	e Transferred:										
Vacating A	Agency Official:										
J		Name	F	Position/Title	Sie	gnature		Date		Phone	
			·	, , , , , , , , , , , , , , , , , , ,	51	,					
A carrisis =	Agangy Official:										
Acquiring	Agency Official:	News						Data		Diversi	
		Name	F	Position/Title	Sia	gnature		Date		Phone	

Form

## Office of Space and Building Management (OSBM) **Space Change Request**



CD 412	Space Change Request								
7/2011	For OSBM Use Only								
Page 2									
Space Management Control N	No.:			Receipt Date:					
SECTION	N 4 - INTERNAL A	CCOUNTING - TO BE	COMPLETE	D BY THE SPACE MAI	NAGEMENT DIVISIO	N			
Rent Adjustments/Acct. No.:		Sp	ace Planning F	Records Updated?	YES N	10			
Status of Request:									
	YES Was the Sp	ace Allocated? NO							
	YES Is the Space	e Available? NO							
	YES If, NO, was	the Office of Real Estate	Contacted?	N/A					
	YES Is this requ	est on hold pending availa	ble space?	NO					
SECTION 5	- ACTION COMPI	ETED/CLOSED - TO I	SE COMPLE	TED BY THE SPACE M	ANAGEMENT DIVIS	ION			
020.10110	7.01.01.00	, 0							
Chief SMD:									
	Name	Position/Title	2	Signature	Date	Phone			
		•		Ü					
Authorizing Agency Official:									
	Name	Position/Title	2	Signature	Date	Phone			
INSTRUCTIONS FOR COMPLE	TING THE CD 412 SPA	CE CHANGE REQUEST FO	RM						
General									
0 1:0 : 40 10	16 1. 11 6		0111	4222 645 11 1 11					
Complete Sections 1,2 and 3	-	_	Office, Room	1322. SIVID WIII WORK WITH	the Agency Point				
of Contact to gather the requ	ired details to accomr	nodate the request.							
If the request is to vacate exis	sting space, the prese	nt occupants are responsil	le for removir	ng all furniture, paying for	the walls to be painted				
back to the building standard (if required), and removing all trash and surplus items. The present occupants will continue to be charged									
rent for the space until these	items are completed.								
If the form is being used to re	oguest space, the Space	o Managomont Division w	ill arrango a m	pooting (or sories of mooting	ags) to discuss options				
with the Agency Point of Con		e Management Division w	ili arrange a ili	leeting (or series of meeting	igs) to discuss options				
with the Agency Fount of Coll	tuct.								
All fields should be typed or p	orinted.								
Separate CD 412 forms should									
	d be submitted for ea	ch space request.							